



Fig. 1.—Lymphogranuloma inguinale: ulcer.

abscesses having epithelioid cells arranged around them in a radiating palisade fashion.

Although the clinical picture is quite suggestive, a positive diagnosis cannot be made without the aid of the laboratory. Syphilis and chancroid must be ruled out. Although examination of an excised gland is helpful, most cases are diagnosed by means of the Frei test. This test consists of the intradermal injection of a small amount of diluted sterilized pus which has been aspirated from the gland of a proved case. The reaction is read forty-eight hours after injection, and is interpreted in the manner of any intradermal test. The positive reaction measures from 5 millimeters to 2 centimeters in diameter, and consists of erythema with some induration.

Treatment has been very unsatisfactory. Various chemotherapeutic agents, such as antimony compounds, have been tried. One of the latest treatments consists of an attempt at immunization by repeated injections of the Frei antigen.

The following case is reported because it is one of the earliest in California, and because the patient has never been out of the United States.

REPORT OF CASE

W. S., age forty-eight, white male, in 1927 was referred to one of us by Doctor Guerra of Alameda for treatment because of an ulceration on the tibial crest. He gave a history of a genital lesion twenty years previously, and a positive Wassermann reaction. A roentgenologist reported typical luetic periostitis. The ulceration healed rapidly under treatment with bismuth and arsphenamin. The patient disappeared from treatment and was not seen by us until 1931, when he returned because of an extensive ulceration around the anus plus a fibrotic annular stricture two inches above the anus. This was thought to be syphilis, and bismuth and neoarsphenamin therapy was instituted. No improvement followed until iodids in massive doses were given, after which the lesion healed in three months' time. The patient again stopped treatment, without permission, for three months, and suffered from a relapse of the ulceration. This healed a

second time, following the ingestion of huge doses of iodids by mouth; only to relapse this last time about October 1, 1933 (Fig. 1). Prior to this relapse he had returned to one of us because of an almost complete obstruction from the annular stricture, and a posterior midline complete direct fistula in ano. The stricture was divulsed after cutting it with a cautery, and the fistulous tract was opened with the cautery. Following these operations the stricture was gradually dilated and diathermy was used twice a week. A Frei test was strongly positive. We felt, therefore, that we were dealing with a case of lymphogranuloma inguinale.

Because of the knowledge of a preëxisting syphilis, the patient was given bismuth injections at weekly intervals, as well as two drachms of the saturated solution of potassium iodid three times daily. Injections of the Frei antigen have been given intradermally once a week. Each injection has produced an enormous positive reaction of one to two centimeters. Under such polytherapy, the patient has progressed to complete healing.

SUMMARY

One of the early cases of lymphogranuloma inguinale seen in California, showing a positive Frei reaction, is reported herein.

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USE OF TONGUE BLADES

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IT is suggested, in making a mouth examination, to lubricate the tip of the wooden tongue-blade that is placed against the patient's lips, tongue or cheek, thus preventing the mucous membrane from adhering to the blade, which generally occurs when used dry, much to the discomfort and distress of the patient. The tip of the wooden blade should be dipped in mineral oil, or some bland ointment may be applied to it with an applicator or piece of gauze, before being placed against the tissues. This simple procedure permits the blade to be applied and turned against the tissues easily and without injury.

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PROJECTION OF MICROSCOPIC SLIDES—FOR DEMONSTRATION OR PHOTOGRAPHY

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A METHOD for projecting microscope slides on a screen is here given for use in circumstances where a projecting microscope is not available, or cost prohibits its purchase.

By a simple rearrangement of the optical system of a standard microscope aligned with a "home movie" projector as the source of light, a clear projection may be obtained on a screen at any distance up to about thirty feet from the microscope or farther, depending on the power of the projection lens with which the projector is equipped.

The arrangement of the improvised projection microscope is as follows: Remove the eye-piece (A) and its reducing ring (B) from the draw tube. Unscrew the ring (D), which grips the draw tube, and remove it and the tube, then unscrew the flange (C), leaving the draw tube with-